

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 42

For Official Use Only

Statement covers period

from 10/23/2016

through 12/31/2016

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1386477

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916)442-2952

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 442-1280 / info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER

Alma Hernandez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(213) 401-3321

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/2017 By Alma Hernandez
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/23/2017 By Alma Hernandez
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 42

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

SB 1174 (Chapter 753, Statutes of 2014), Lara. English language education.

BALLOT NO. OR LETTER

JURISDICTION

58

Statewide

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460 Page 3 of 42 I.D. NUMBER 1386477
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$40,156.00	\$2,009,521.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$40,156.00	\$2,009,521.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$157,707.79	\$565,109.17
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$197,863.79	\$2,574,630.17

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$60,309.57	\$1,964,655.00
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$60,309.57	\$1,964,655.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$17,644.00)	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$157,707.79	\$565,109.17
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$200,373.36	\$2,529,764.17

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	<u>\$65,019.57</u>
13. Cash Receipts	Column A, Line 3 above	<u>\$40,156.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>\$0.00</u>
15. Cash Payments	Column A, Line 8 above	<u>\$60,309.57</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	<u>\$44,866.00</u>
If this is a termination statement, Line 16 must be zero.		
<hr/>		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	<u>\$0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 4 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2016	NextGen CA Committee San Francisco, CA 94104 Committee ID: 1385903	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
11/7/2016	San Manuel Band of Mission Indians Los Angeles, CA 90071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$40,000.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$40,000.00

2. Amount received this period - unitemized contributions of less than \$100 \$156.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$40,156.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA FORM 460
Page 5 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. NUMBER

1386477

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
	Page 6 of 42
I.D. Number 1386477	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
Page 7 of 42	I.D. Number 1386477

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Statewide Campaign Activities	\$47,442.00	\$1,722,047.85	
10/24/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone Banks	\$1,410.61	\$1,722,047.85	
10/25/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$130.60	\$30,034.39	
10/24/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$26.67	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$157,707.79

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$157,707.79
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$157,707.79

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
	Page 8 of 42
I.D. Number 1386477	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$67.03	\$30,034.39	
10/24/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$30.80	\$30,034.39	
10/24/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$9.87	\$30,034.39	
10/26/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$8.40	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE C

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
	Page 9 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2016	Valley Solutions: Assemblymember Adam Gray's Ballot Measure Committee Sacramento, CA 95814 Committee ID: 1357548	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Radio Ads; 10/31-11/7	\$10,298.00	\$15,298.00	
10/28/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Polling	\$43,599.50	\$1,722,047.85	
10/28/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$12.10	\$30,034.39	
10/28/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$29.40	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
	Page 10 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$82.20	\$30,034.39	
10/27/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$98.02	\$30,034.39	
10/27/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$14.50	\$30,034.39	
10/31/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone Banks; 10/31/16-11/6/16	\$1,426.49	\$1,722,047.85	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
	Page <u>11</u> of <u>42</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$73.24	\$30,034.39	
10/31/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$40.60	\$30,034.39	
10/31/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$28.23	\$30,034.39	
10/31/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$395.00	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>42</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$11.20	\$30,034.39	
11/1/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$13.15	\$30,034.39	
11/1/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$41.56	\$30,034.39	
11/1/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$21.20	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>42</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$3.06	\$30,034.39	
11/1/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$115.39	\$30,034.39	
11/1/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$98.59	\$30,034.39	
11/3/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign Materials	\$776.71	\$1,722,047.85	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
	Page <u>14</u> of <u>42</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$594.15	\$30,034.39	
10/31/2016	California Federation of Teachers COPE Prop/Ballot Committee Burbank, CA 91505 Committee ID: 1240104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Mailer	\$67.68	\$100,778.36	
11/4/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Polling	\$43,599.50	\$1,722,047.85	
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$82.39	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	CALIFORNIA FORM 460
	Page <u>15</u> of <u>42</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$6.50	\$30,034.39	
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$41.88	\$30,034.39	
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$119.75	\$30,034.39	
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$355.61	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460 Page 16 of 42 I.D. Number 1386477
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Graphics	\$9.75	\$30,034.39	
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Data	\$5.55	\$30,034.39	
11/3/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$287.98	\$30,034.39	
11/4/2016	SEIU Local 2015 Issues PAC Los Angeles, CA 90057 Committee ID: 1378400	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Emails	\$1,469.00	\$70,181.91	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
	Page 17 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. Number
1386477

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/7/2016	California Association of Bilingual Educators PAC Long Beach, CA 90803 Committee ID: 960015	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Buttons	\$552.59	\$36,136.04	
11/7/2016	California Teachers Association/Issues PAC Burlingame, CA 94010 Committee ID: 880873	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone Banks; 11/7/16-11/8/16	\$4,106.95	\$1,722,047.85	
11/7/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Payroll	\$15.45	\$30,034.39	
11/7/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Slate E-Mailer	\$20.69	\$30,034.39	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
	Page 18 of 42
I.D. Number 1386477	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/8/2016	California Democratic Party Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Mail Production & Postage Differential	\$68.25	\$30,034.39	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$157,707.79

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	10/23/2016	CALIFORNIA FORM 460	
through	12/31/2016	Page 19 of 42	
		I.D. NUMBER 1386477	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460 Page 20 of 42 I.D. NUMBER 1386477
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Educate Your Vote - A Project of the Coalition for Literacy Carlsbad, CA 92009			Slate Mailer	\$11,250.00
Committee ID: 1345655 Your Capitol Guide For Good Government Carson, CA 90745			Slate Mailer	\$2,500.00
Committee ID: 1375501 Mailrite Print & Mail, Inc. Sacramento, CA 95834	POS			\$4,694.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$60,231.99
2. Unitemized payments made this period of under \$100.	\$77.58
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$60,309.57

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/23/2016		
through 12/31/2016		Page 21 of 42
NAME OF FILER Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations		I.D. NUMBER 1386477

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mailrite Print & Mail, Inc. Sacramento, CA 95834	LIT			\$181.00
Swanson Communications Sacramento, CA 95814	WEB			\$5.00
Swanson Communications Sacramento, CA 95814	MTG			\$52.85
Swanson Communications Sacramento, CA 95814			Travel Expenses	\$1,458.12
Swanson Communications Sacramento, CA 95814	CNS			\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/23/2016		
through 12/31/2016		Page 22 of 42
NAME OF FILER Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations		I.D. NUMBER 1386477

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. NUMBER

1386477

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Meltemi Consulting Sacramento, CA 95820	WEB			\$1,200.00
LG Campaigns, LLC Sacramento, CA 95814	WEB			\$500.00
LG Campaigns, LLC Sacramento, CA 95814			Travel Expenses	\$899.50
Swanson Communications Sacramento, CA 95814			Travel Expenses	\$2,581.34
Daniel C. Weitzman, LLC Sacramento, CA 95814			Travel & Meeting Expenses	\$2,410.18

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through 12/31/2016		Page 23 of 42
NAME OF FILER Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations		I.D. NUMBER 1386477

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. NUMBER

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bill Wong, LLC Sacramento, CA 95822	CNS			\$2,500.00
Josh Walters Sacramento, CA 95814	CNS			\$5,000.00
Michelle W. Henry Consulting Danville, CA 94526	CNS			\$2,500.00
LG Campaigns, LLC Sacramento, CA 95814	CNS			\$12,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$60,231.99

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA
FORM 460

Page 24 of 42

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
LG Campaigns, LLC Sacramento, CA 95814	WEB	\$500.00	\$0.00	\$500.00	\$0.00
Educate Your Vote - A Project of the Coalition for Literacy Carlsbad, CA 92009	Slate Mailer	\$11,250.00	\$0.00	\$11,250.00	\$0.00
Committee ID: 1345655 Meltemi Consulting Sacramento, CA 95820	WEB	\$1,200.00	\$0.00	\$1,200.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$17,644.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$17,644.00)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 10/23/2016
through 12/31/2016

CALIFORNIA
FORM 460

Page 25 of 42

NAME OF FILER

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CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mailrite Print & Mail, Inc. Sacramento, CA 95834	POS	\$4,694.00	\$0.00	\$4,694.00	\$0.00
SUBTOTALS		\$17,644.00	\$0.00	\$17,644.00	\$0.00

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 26 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Daniel C. Weitzman, LLC

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Officine Brera Los Angeles, CA 90021	MTG			\$2,224.22

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2224.22

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 27 of 42

SEE INSTRUCTIONS ON REVERSE

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NAME OF AGENT OR INDEPENDENT CONTRACTOR

LG Campaigns, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235			Travel Expenses	\$517.98

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$517.98

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Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 28 of 42

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Milner Butcher Media Group, LLC

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCBS FM Los Angeles, CA 90036	RAD			\$2,354.50
KCBS FM Los Angeles, CA 90036	RAD			\$14,828.25
KFI AM Burbank, CA 91505	RAD			\$340.00
KFI AM Burbank, CA 91505	RAD			\$13,175.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$30697.75

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Schedule G

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from	10/23/2016	
through	12/31/2016	Page 29 of 42

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KFMB AM San Diego, CA 92111	RAD			\$4,760.00
KFMB FM San Diego, CA 92111	RAD			\$1,955.00
KFMB FM San Diego, CA 92111	RAD			\$11,262.50
KGB FM San Diego, CA 92123	RAD			\$1,683.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$19660.50

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from	10/23/2016	
through	12/31/2016	Page 30 of 42

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KGB FM San Diego, CA 92123	RAD			\$7,556.50
KGO AM San Francisco, CA 94111	RAD			\$2,465.00
KGO AM San Francisco, CA 94111	RAD			\$7,756.25
KIOI FM San Francisco, CA 94107	RAD			\$2,949.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$20727.25

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from	10/23/2016	
through	12/31/2016	Page 31 of 42

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KIOI FM San Francisco, CA 94107	RAD			\$10,531.50
KIOZ FM San Diego, CA 92123	RAD			\$1,717.00
KIOZ FM San Diego, CA 92123	RAD			\$7,998.50
KISQ FM San Francisco, CA 94107	RAD			\$2,078.25

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$22325.25

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 32 of 42

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KISQ FM San Francisco, CA 94107	RAD			\$11,130.75
KNBR AM San Francisco, CA 94111	RAD			\$4,169.25
KNBR AM San Francisco, CA 94111	RAD			\$21,139.50
KCBS AM San Francisco, CA 94111	RAD			\$15,699.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$52139.00

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from	10/23/2016	
through	12/31/2016	Page 33 of 42

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KCBS AM San Francisco, CA 94111	RAD			\$4,675.00
KNX AM Los Angeles, CA 90036	RAD			\$2,346.00
XPRS AM San Diego, CA 92123	RAD			\$4,054.50
XPRS AM San Diego, CA 92123	RAD			\$1,092.25

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$12167.75

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 34 of 42

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KNX AM Los Angeles, CA 90036	RAD			\$18,079.50
KOGO AM San Diego, CA 92123	RAD			\$2,150.50
KOGO AM San Diego, CA 92123	RAD			\$11,704.50
KOIT FM San Francisco, CA 94103	RAD			\$3,442.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$35377.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 35 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. NUMBER
1386477

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group, LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KOIT FM San Francisco, CA 94103	RAD			\$9,796.25
KOSF FM San Francisco, CA 94107	RAD			\$2,261.00
KOSF FM San Francisco, CA 94107	RAD			\$7,480.00
KOST FM Burbank, CA 91505	RAD			\$4,377.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$23914.75

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Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 36 of 42

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KOST FM Burbank, CA 91505	RAD			\$26,498.75
KRTH FM Los Angeles, CA 90036	RAD			\$3,791.00
KRTH FM Los Angeles, CA 90036	RAD			\$23,141.25
KSFO AM San Francisco, CA 94107	RAD			\$2,086.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$55517.75

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Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 37 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KSFO AM San Francisco, CA 94107	RAD			\$7,722.25
KSON FM San Diego, CA 92108	RAD			\$2,031.50
KSON FM San Diego, CA 92108	RAD			\$8,585.00
KTWV FM Los Angeles, CA 90036	RAD			\$3,774.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$22112.75

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FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 38 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Milner Butcher Media Group, LLC

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTWV FM Los Angeles, CA 90036	RAD			\$16,269.00
KXSN FM San Diego, CA 92121	RAD			\$2,439.50
KXSN FM San Diego, CA 92121	RAD			\$11,985.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$30693.50

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/23/2016	
through	12/31/2016	Page 39 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

Swanson Communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ace Hotel Los Angeles, CA 90015			Travel Expenses	\$999.28
Southwest Airlines Dallas, TX 75235			Travel Expenses	\$1,284.42
Southwest Airlines Dallas, TX 75235			Travel Expenses	\$1,362.39

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3646.09

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FPPC Form 460 (June/01)
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Schedule H – Loans Made to Others*

Type or print in ink.
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SCHEDULE H

Statement covers period from 10/23/2016 through 12/31/2016	CALIFORNIA FORM 460
	Page 40 of 42

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

I.D. NUMBER
1386477

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
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Statement covers period
from 10/23/2016
through 12/31/2016

SCHEDULE I
CALIFORNIA FORM 460
Page 41 of 42
I.D. NUMBER 1386477

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes on 58, Californians for English Proficiency sponsored by teachers and service employees organizations

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$00

2. Unitemized increases to cash under \$100 this period..... \$00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... TOTAL \$00

Memo Reference:
Schedule G - Portions of Milner Butcher Media Group subvendors are related to advance payments disclosed in a prior reporting period
